

**OFFICER EVALUATION REPORT SUPPORT FORM**

For use of this form, see AR 623-3 ; the proponent agency is DCS, G-1.

**FOR OFFICIAL USE ONLY (FOUO)**  
**SEE PRIVACY ACT STATEMENT IN**  
**AR 623-3.****PART I - RATED OFFICER IDENTIFICATION**

NAME OF RATED OFFICER <i>(Last, First, MI)</i>	SSN	RANK	DATE OF RANK (YYYYMMDD)	BRANCH	DESIGNATED/PMOS (WO) SPECIALITIES
UNIT, ORG., STATION ZIP CODE OR APO, MAJOR COMMAND	STATUS CODE	FROM DATE	UIC	CMD CODE	PSB CODE

**PART II - AUTHENTICATION**

NAME OF RATER <i>(Last, First, MI)</i>	SSN	RANK	POSITION
NAME OF INTER. RATER <i>(Last, First, MI)</i>	SSN	RANK	POSITION
NAME OF SENIOR RATER <i>(Last, First, MI)</i>	SSN	RANK	POSITION

**PART III - VERIFICATION OF FACE-TO-FACE DISCUSSION**

MANDATORY RATER / RATED OFFICER INITIAL FACE-TO-FACE COUNSELING ON DUTIES, RESPONSIBILITIES AND PERFORMANCE OBJECTIVES FOR THE  
CURRENT RATING PERIOD TOOK PLACE ON \_\_\_\_\_ (Date) Rated Soldier Initials \_\_\_\_\_ Rater Initials \_\_\_\_\_ Senior Rater Initials  
(Review) \_\_\_\_\_

PERIODIC RATER / RATED OFFICER FOLLOW-UP FACE-TO-FACE COUNSELINGS:

Dates	_____	Rated Soldier Initials	_____	Rater Initials	_____	Senior Rater Initials	_____
	_____		_____		_____	(Review)	_____
	_____		_____		_____		_____

**PART IV - RATED OFFICER** *(Complete Part IV and Part V below for this rating period)*

PRINCIPAL DUTY TITLE	POSITION AOC / BR
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a. STATE YOUR SIGNIFICANT DUTIES AND RESPONSIBILITIES:

b. INDICATE YOUR MAJOR PERFORMANCE OBJECTIVES:

NAME		SSN	
PART V - RATED OFFICER CONTRIBUTIONS			
a. APFT:	DATE:	HEIGHT:	WEIGHT:
b. LIST YOUR SIGNIFICANT CONTRIBUTIONS:			
c. LIST ANY UNIQUE PROFESSIONAL SKILLS OR AREAS OF EXPERTISE OF VALUE TO THE ARMY:			
d. IF UNABLE TO SERVE IN THE CURRENT BRANCH/CAREER FIELD, IN WHICH BRANCH/CAREER FIELD WOULD YOU PREFER TO SERVE?			
e. LIST 3 FUTURE ASSIGNMENTS FOR WHICH YOU FEEL YOU ARE BEST SUITED:			
SIGNATURE AND DATE			